



1623

AF/1600

PTO/SB/32 (06-03)

Approved for use through 07/31/2003. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket No. (Optional) 05129-00054-US							
<p>In re Application of      Roland Callens, et al.</p> <table border="1"> <tr> <td>Application Number 09/944209</td> <td>Filed February 11, 2000</td> </tr> <tr> <td colspan="2">For      UREINS DERIVED FROM <math>\alpha,\omega</math>-DIAMINOACIDS AND PROCESS FOR THEIR PREPARATION</td> </tr> <tr> <td>Art Unit 1623</td> <td>Examiner L. Maier</td> </tr> </table>				Application Number 09/944209	Filed February 11, 2000	For      UREINS DERIVED FROM $\alpha,\omega$ -DIAMINOACIDS AND PROCESS FOR THEIR PREPARATION		Art Unit 1623	Examiner L. Maier
Application Number 09/944209	Filed February 11, 2000								
For      UREINS DERIVED FROM $\alpha,\omega$ -DIAMINOACIDS AND PROCESS FOR THEIR PREPARATION									
Art Unit 1623	Examiner L. Maier								

Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences from in the appeal of the above-identified application.

The fee for this Request for Oral Hearing is (37 CFR 1.17(d))

\$ 280.00

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:

\$ \_\_\_\_\_

A check in the amount of the fee is enclosed.

RECEIVED

Payment by credit card. Form PTO-2038 is attached.

OCT 01 2003

The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

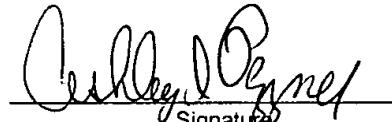
TECH CENTER 1600/2900

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 03-2775. I have enclosed a duplicate copy of this sheet.

A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed.  
For extensions of time in reexamination proceedings, see 37 CFR 1.550.

I am the

applicant/inventor.

  
Signature

assignee of record of the entire interest.  
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.  
(Form PTO/SB/96).

Ashley I. Pezzner  
Typed or printed name

attorney or agent of record.

(302) 658-9141  
Telephone number

Registration number \_\_\_\_\_

attorney or agent under 37 CFR 1.34(a).

9/22/03  
Date

Registration number if acting under 37 CFR 1.34(a). 35,646

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.

09/29/2003 MBIZUNES 00000148 09944209

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280.00 OP

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PTO/SB/92 (05-03)

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Application No. (if known): 09/944209

Attorney Docket No.: 05129-00054-US

## Certificate of Mailing Under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on 9-22-03  
Date

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A handwritten signature in black ink that appears to read "J. Lynn Ferry".

Signature

J. Lynn Ferry  
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal  
Request For Oral Hearing Before The Board Of Patent Appeals And Interferences  
Check in the amount of \$280.00  
Return Postcard



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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b>	<b>280.00</b>
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**Complete if Known**

Application Number	09/944209
Filing Date	February 11, 2000
First Named Inventor	Roland Callens
Examiner Name	L. Maier
Art Unit	1623
Attorney Docket No.	05129-00054-US

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**METHOD OF PAYMENT (check all that apply)**
 Check  Credit Card  Money Order  Other  None  
 Deposit Account

Deposit Account Number	03-2775
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Deposit Account Name	Connolly Bove Lodge & Hutz LLP
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The Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Credit any overpayments
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity      Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>				<b>(\$)</b>	<b>0.00</b>

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	..*	Extra Claims	Fee from below	Fee Paid
Independent Claims	..*			
Multiple Dependent				

Large Entity      Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>				<b>(\$)</b>
0.00				

\*\* or number previously paid, if greater; For Reissues, see above

**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid			
<b>SUBTOTAL (3)</b>			
<b>(\$)</b>			
280.00			

\*\* or number previously paid, if greater; For Reissues, see above

**Complete (if applicable)**

Name (Print/Type)	Ashley I. Pezzner	Registration No. (Attorney/Agent)	35,646	Telephone	(302) 658-9141
Signature	<i>Ashley I. Pezzner</i>			Date	9/22/03